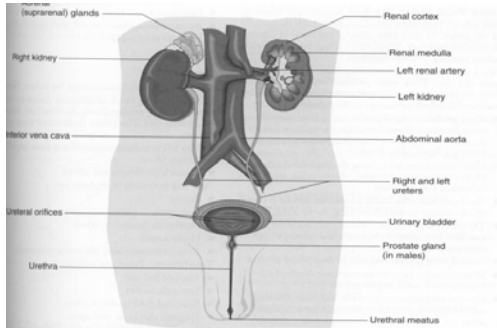


Bowel and Bladder Retraining



Urinary Incontinence involuntary passage of urine

- Not a normal part of aging, but incidence increases with age
- Affects approximately 13 million Americans
- In 1995 cost of urinary incontinence was \$16.3 billion
- More common than bowel incontinence and in women.
- May be transient (acute) or persistent (chronic)
- Acute may resolve when underlying cause is removed
- Persistent associated with advanced age, often treatable
- Types of persistent incontinence (stress, urge, overflow, reflex, and functional)
- Interventions used to treat will depend on cause
- Usually incontinence is from a mix of problems.

Causes of Urinary Incontinence

- Fecal impaction - obstruction, causes overflow.
- Dementia
- Aphasia
- Immobility
- Infection (most common cause), cytocele, rectocele, vaginitis, and uterine prolapse are all correctable.
- Drugs
- Congenital Defects

Acquired Disorders Causing Urinary Inc.

- **Stress Incontinence** sudden ^ intraabdominal press. More common in females, urethra structures atrophy when estrogen decreases and obstetric complications Prostate surgery. Tx. Kegels, wt. Loss, vaginal pessary, estrogen vaginal cream, condom cath, O.R.
- **Urge Incontinence** random involuntary urination preceded by warning of few seconds to minutes. CNS disorders, ca, radiation. TX. Urinate on time schedule, anticholinergic drugs (propantheline or Pro-Banthine, imipramine or Tofranil at bedtime, condom caths, vaginal estrogen creams.

Acquired Incontinence (con't)

- **Overflow Incontinence** Pressure of urine in overfull bladder overcomes sphincter control.
- Leakage of urine day and night, bladder distended and palpable.
- Caused by prostatic hyperplasia, bladder neck obstruction, urethral stricture. Or underactive detrusor muscle, after anesthesia and surgery, or neurogenic bladder.
- Tx. Catheterize, Crede or Valsalva maneuver, meds prazosin (minipress) Bethanechol (Urecholine), surgery.

Acquired Incontinence (con't)

- **After trauma or surgery** Fistulas during pregnancy, after delivery, after hysterectomy, cervical ca, radiation, postop prostatectomy.
- Tx. Surgery to correct fistula, urinary diversion surgery to bypass urethra and bladder, condom cath, penile clamp, artificial implanted sphincter.
- **Functional Incontinence** Mobility and environmental factors. Tx. Modify environment for easy access to toilet, better lighting, ambulatory assistance equipment, clothing alterations, different ~~toileting equipment and bladder or habit training~~

Bladder or Habit Training

- Cognitively impaired - rigidly scheduled toileting intervals. Voiding pattern recorded X several days to determine if pattern exists. Electronic monitor devices for wetness may be used.
- For urge incontinence - Client adopts a gradually lengthening voiding schedule which enhances bladder capacity.
- Cognitively competent person keeps a bladder diary, time of urination, C or I, sm. or lg. amt., associated events.
- Patient is reminded to urinate, assisted to toilet, and praised for success as frequently as q2h.
- Normally people urinate in am, after meals, and at bedtime.
- Treat mistakes matter of factly, be patient, takes time.

When bladder training isn't successful



Figure 29-8. A retracted penis pouch is available as an alternative to a condom catheter for a male client with a retracted penis. (Reproduced with permission of Hologic Incorporated, Libertyville, IL.)

- Absorbent products and protective garments both disposable and washable. Underpads when in bed. Adult diapers (briefs) or sometimes for women a feminine protection pad.
- External devices (condom cath) Female products ? See book pgs.
- Retracted penis pouch
- Indwelling urinary catheters last resort.

Bowel Training

- Don't forget diet, fluids, and exercise.
- Require time, patience, commitment
- Base routine on person's previous habits and alterations in habits due to illness or trauma.
- Note when client is most likely incontinent in day.
- Timing most crucial element.
- Strictly follow schedule for defecation
- Position client on commode or toilet for gravity.
- Stool softeners, suppositories, enemas.
- Discontinue suppositories and enemas ASAP
- Kept on program 3 days before any changes.
- Fecal incontinence collection system as last resort.
